

EXHIBIT 1



Department of Human Resources

Office Use Only:

Control No:

Inv:

Date:

Instructions: Read this entire form and all of the instructions carefully before completing. All questions should be answered. This form must be postmarked or received by IDHR within 180 days of the date of the alleged discrimination. IDHR must establish if it has the right under the law to investigate your employment claim. If IDHR accepts your claim of employment discrimination, information will be typed on an official charge form. The charge form must be signed, notarized and returned to IDHR in a timely manner. The form should be signed and dated below. Use additional sheets if necessary. THIS IS NOT A CHARGE. If IDHR accepts your claim, we will send you a charge form for signature.

1. COMPLAINANT INFORMATION:

Name: VINCENT T. FOGGEY	Address: 7654 S. CHAMPLAIN	Apt No:
City: CHICAGO	State: IL	ZIP: 60619
Phone No: 773 715 1835	E-Mail: VINCENT.FOGGEY@GMAIL	Alt. Phone No: 773 366 8589

2. PERSONAL DATA: Please provide the following information for statistical purposes only.

CHECK THE CATEGORY IN THE LIST BELOW OF NATIONAL ORIGIN OR ANCESTRY WITH WHICH YOU MOST STRONGLY IDENTIFY:

<input type="checkbox"/> Greece	<input type="checkbox"/> Haiti	<input type="checkbox"/> India	<input type="checkbox"/> Ireland	<input type="checkbox"/> Italy	<input type="checkbox"/> Japan	<input type="checkbox"/> Korea
<input type="checkbox"/> Liberia	<input type="checkbox"/> Mexico	<input type="checkbox"/> Middle East	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Philippines	<input type="checkbox"/> Poland	<input type="checkbox"/> Puerto Rico
<input checked="" type="checkbox"/> U. S. A.	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Other African/Non-Arab	<input type="checkbox"/> Other Eastern Europe	<input type="checkbox"/> Other Hispanic		
<input type="checkbox"/> Other Asia	<input type="checkbox"/> Other National Origin or Ancestry	Date of Birth: 21 FEB 69	Sex: M			

3. WHO ELSE CAN WE CALL IF WE CANNOT REACH YOU: Provide the names of two persons who can contact you in the event IDHR is unable to locate you. Make sure their mailing addresses are different from your mailing address. Your charge could be dismissed if you do not provide this information and we are unable to locate you.

Name: JOYCE KIMBROUGH	Address: 7942 S. CHAPPELL	Apt No:
City: CHICAGO	State: IL	ZIP: 60617
Phone No: 773 628 3201	Name: CRYSTAL KING	Address:
City: CHICAGO	State: IL	ZIP: 60619
Phone No: 773 758 3777	Apt No:	

4. RESPONDENT INFORMATION: Write out the full legal name of the Employer, Union, Employment Agency, Temporary Agency, (i.e. the Respondent), that you believe discriminated against you in Illinois.

IDHR can investigate charges of employment discrimination filed against private employers, state or local government, unions and employment agencies. Individuals can also be charged in some cases. The employer charged with discrimination must have at least 15 employees in the state of Illinois in order for IDHR to investigate, unless the charge alleges sexual harassment, pregnancy, retaliation or physical or mental disability discrimination, or unless the employer is a public contractor. (A public contractor is an employer who does business with the state or a unit of local government.)

Name: CITY OF CHICAGO	Address: 500 N. LAKE
City:	State:
ZIP:	Phone No:
County:	Does the Respondent have a total of 15 or more people working in the State of Illinois? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Does the Respondent have a total of 15 or more people working in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

5. IF YOU HAVE BEEN EMPLOYED BY THE RESPONDENT, PLEASE FILL IN THE FOLLOWING:

Job Title: POLICE OFFICER	Office Use Only
Date Hired: 27 MAR 2006	Were you on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Salary: 69,900	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Annually
Department: POLICE	Supervisor: Commander Doreen Doss

IDHR can only investigate charges alleging the following Bases of discrimination: Age (40 and over), Physical or Mental Disability (unrelated to ability to do the job), Arrest Record (or criminal history record card expunged, sealed or impounded), Retaliation (complained about unlawful discrimination, filed a prior discrimination claim, or testified at a discrimination hearing), Coercion/Aiding and Abetting (helping or forcing a person to commit unlawful discrimination based upon any of the categories listed), Race, Unfavorable Military Discharge, Marital Status, Color, Ancestry, Military Status, Religion, Citizenship Status, National Origin, Sexual Harassment, Sex, Pregnancy, Sexual Orientation, or Order of Protection Status. **IDHR cannot investigate:** unfair employment actions such as: political affiliations, personality conflicts, etc., unless such actions are alleged to be for one or more of the bases (Types of Discrimination) listed above; unfair union practices unless such claims involve one or more of the types of discrimination listed above; charges against the federal government (such a charge can only be filed with the EEOC office of the agency alleged to have discriminated).

6. DESCRIPTION OF THE EMPLOYMENT HARM AND BASES YOU ARE REQUESTING IDHR TO INVESTIGATE:

A. FIRST ISSUE OF HARM OR EMPLOYMENT ACTION TAKEN AGAINST YOU BY RESPONDENT:

DISCHARGE

BASIS: Note: see above for the Bases IDHR can investigate.

RACE RETALIATION

Date of Action:

3/28/16

Reason given by Respondent for the action taken against you:

Name of the person who gave you this information:

Job Title:

Name an employee who was treated more favorably than you in a similar or comparable situation:

B. SECOND ISSUE OF HARM OR EMPLOYMENT ACTION TAKEN AGAINST YOU BY RESPONDENT (IF APPLICABLE):

BASIS: Note: see above for the Bases IDHR can investigate.

Date of Action:

Reason given by Respondent for the action taken against you:

Name of the person who gave you this information:

Job Title:

Name an employee who was treated more favorably than you in a similar or comparable situation:

7. WITNESS INFORMATION:

Name:	Address:			Apt No:
City:	State:	ZIP:	Phone No:	
Name:	Address:			Apt No:
City:	State:	ZIP:	Phone No:	

HAVE YOU FILED A PREVIOUS CHARGE AGAINST THIS EMPLOYER ON THIS MATTER WITH THE EEOC?☐ Yes ☐ No If "Yes", when?**9. SPECIAL BASES:****A. If you claimed SEXUAL HARASSMENT as a basis:**

Name of the harasser:

Job Title of harasser:

Do you want the sexual harasser charged separately as an additional respondent? ☐ Yes ☐ No

If yes, provide the following information for that person: Address:

City:

State:

ZIP:

Phone #:

B. If you claimed PHYSICAL OR MENTAL DISABILITY as a basis:

State your medically diagnosed disability/disabilities:

Explain how the Respondent became aware of each disability:

C. If you claimed RETALIATION as a basis:

State how you opposed unlawful discrimination: (i.e., testified at a discrimination hearing, filed a prior discrimination claim, or complained about unlawful discrimination). Include dates, charge numbers, and/or the name or title of the person to whom you complained.

10. HAVE YOU FILED A PREVIOUS CHARGE AGAINST THIS EMPLOYER WITH IDHR?☒ Yes ☐ No Charge Number(s):

2016CF1291

CONSENT AGREEMENT AND RELEASE

I have read the provided "Notice to Complainant" and I understand that: 1) IDHR may also file my charge of discrimination with EEOC if it has jurisdiction, and I authorize EEOC to look into the discrimination alleged above; 2) In the course of investigating my charge, IDHR will reveal my identity (including my name) and my personal information to named Respondent(s) in my charge to obtain facts and evidence regarding my charge; 3) I do not have to reveal my personal information to IDHR, but IDHR may close my charge if I refuse to reveal information needed to fully investigate my charge; 4) IDHR may be required by law, subpoena, court order, and/or FOIA request to disclose my charge and information in the Department's investigation file concerning my charge to persons outside of IDHR.

If IDHR takes a charge based on the information provided, I consent for IDHR to disclose my identity and personal information as necessary to process and investigate my charge, and I release IDHR from any liability whatsoever concerning disclosure of my identity and any personal information I provided to IDHR or IDHR obtained in processing my charge.

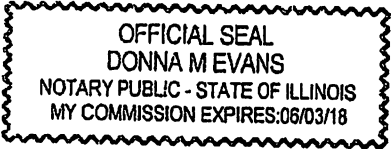
My signature below verifies the accuracy of the information provided herein and my consent and release as indicated above.

Print Name

Signature

Date

NOTE: If there is certain personal information you would like withheld, please discuss your concern with an Intake supervisor.

CHARGE OF DISCRIMINATION		AGENCY	CHARGE NUMBER
This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form.		<input checked="" type="checkbox"/> IDHR	2016CF1291
#16W1221.01		<input type="checkbox"/> EEOC	
Illinois Department of Human Rights and EEOC			
NAME OF COMPLAINANT (indicate Mr. Ms. Mrs.)		TELEPHONE NUMBER (include area code)	
Mr. Vincent Foggey		(773) 715-1835	
STREET ADDRESS	CITY, STATE AND ZIP CODE	DATE OF BIRTH	
7654 S. Champlain	Chicago, Illinois 60619	// M D YEAR	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)			
NAME OF RESPONDENT	NUMBER OF EMPLOYEES, MEMBERS 15+	TELEPHONE NUMBER (include area code)	
City of Chicago Police		(312) 744-4966	
STREET ADDRESS	CITY, STATE AND ZIP CODE	COUNTY	
121 N. LaSalle	Chicago, Illinois 60602	Cook	
CAUSE OF DISCRIMINATION BASED ON:		DATE OF DISCRIMINATION EARLIEST (ADEA/EPA) LATEST (ALL)	
Race		// 7/16/15	
		<input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:			
<p>I. A. ISSUE/BASIS SUSPENSION WITHOUT PAY PENDING DISCHARGE – JULY 16, 2015, BECAUSE OF MY RACE, BLACK</p> <p>B. PRIMA FACIE ALLEGATIONS</p> <p>1. My race is black.</p> <p>2. My work performance meets Respondent's expectations. I was hired on March 26, 2006.</p>			
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I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		SUBSCRIBED AND SWORN TO BEFORE ME	
		THIS <u>21st</u> DAY OF <u>December</u> , 2015.	
		<u>Donna M. Evans</u> NOTARY SIGNATURE	
		<u>[Signature]</u> 21 DEC 15 SIGNATURE OF COMPLAINANT DATE	
NOTARY STAMP		I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	

Case Number: 2016C 291
Complainant: Vincent Foggey
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3. On July 16, 2015, I was suspended without pay pending discharge. The reasons give were violation of rules 2, 5, 6, and 11.
4. Similarly situated non-black police officers were not suspended without pay under similar circumstances.

MFP/RCG/mfp